

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

3522.66

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

08/28/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Sisy Garcia

Date

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8Mailing Address
204 Valencia Dr NE

Amount

11.65

City
AlbuquerqueState
NMZip Code
87108Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1649.59

Full Name (Last, First, Middle Initial) of Payee
Smith's

Date

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 8Mailing Address
6001 Lomas Ave NE

Amount

21.34

City
AlbuquerqueState
NM

Zip Code

Purpose of Expenditure
suppliesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

91.23

Full Name (Last, First, Middle Initial) of Payee
Charles Butler

Date

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 8Mailing Address
3224 Rio Linda Dr SW

Amount

60.47

City
AlbuquerqueState
NMZip Code
87121Purpose of Expenditure
cell phone billCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3501.87

(a) SUBTOTAL of Itemized Independent Expenditures

93.46

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Mailing Address
611 Lead Ave SW #502

Amount

3200.00

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
payment for canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

35529.47

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Joshua Sabato

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Mailing Address
611 Lead Ave SW #505

Amount

80.16

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
minivan repairCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

14643.90

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Maggie Raiken

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Mailing Address
3400 Comanche Rd #B218

Amount

100.00

City
AlbuquerqueState
NMZip Code
87107Purpose of Expenditure
cell phone billCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

3895.48

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

3380.16

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Sisy Garcia

Date

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8Mailing Address
204 Valencia Dr NE

Amount

34.90

City
AlbuquerqueState
NMZip Code
87108Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

1649.59

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mario's Restaurant

Date

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8Mailing Address
2401 San Pedro Dr NE

Amount

14.14

City
AlbuquerqueState
NM

Zip Code

Purpose of Expenditure
pizza for canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

409.38

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

49.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

3522.66